

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

Gerald John Jennings II(b) Address (number and street) ☐ check if different than previously reported
10522 w.106th ct.

(c) City, State and ZIP Code

Westminster

CO

80021

(d) Name of Employer or Principal Place of Business

Carpenters Union

(e) Occupation

Union Carpenter

2. FEC Identification Number**C** C30002331**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
06 / 16 / 2015

through

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2024**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2015**(b) Communication Title** Web page**6. The filer is a(n):** (a) ☒ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Gerald John Jennings II

(b) Address (number and street)

10522 w.106th ct.

(c) City, State and ZIP Code

Westminster

CO

80021

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , 29.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Gerald John Jennings II

SIGNATURE

Gerald John Jennings II

[Electronically Filed]

DATE

06/21/2015

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

SCHEDULE 9-B

PAGE 2 OF 2

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Nation builder Mailing Address of Payee _____ City _____ State _____ Zip Code _____ Name of Employer _____ Occupation _____ Purpose of Disbursement (Including title(s) of communication(s)) Advertise/website _____				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 06 / 29 / 2015 </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 29.00 </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 06 / 19 / 2015 </div> Transaction ID : F93.000001	
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

B. Full Name (Last, First, Middle Initial) of Payee Mailing Address of Payee _____ City _____ State _____ Zip Code _____ Name of Employer _____ Occupation _____ Purpose of Disbursement (Including title(s) of communication(s)) _____				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 29.00 </div>
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 29.00 </div>